PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number 852463.406		
FY 2009						
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/727,138				Filed December 3	, 2003	
For LINEAR SCALABLE FFT/IFFT COMPUTATION IN A MULTI-PROCESSOR SYSTEM						
Art Unit 2193			Examiner Chat C. Do			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a						
reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
		<u>Fee</u>	Small E	ntity Fee		
	One month (37 CFR 1.17(a)(1))	\$130	\$6	S5 \$		
	Two months (37 CFR 1.17(a)(2))	\$490	\$2	45 \$ <u>490</u>		
	Three months (37 CFR 1.17(a)(3))	\$1110	\$5	55 \$		
	Four months (37 CFR 1.17(a)(4))	\$1730	\$8	65 \$		
	Five months (37 CFR 1.17(a)(5))	\$2350	\$11	175 \$		
	Applicant claims small entity status. See 37 CFR 1.27.					
	check in the amount of the fee is enclosed.					
	Payment by credit card. Form PTO-2038 is attached.					
	The Director has already been authorized to application to a Deposit Account.	charge fees in th	is			
X	The Director is hereby authorized to charge the above fees, or credit any overpayment,					
	to Deposit Account Number <u>19-1090</u> .					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71						
	Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
$\boxed{\mathbf{X}}$ attorney or agent of record. Registration No. <u>47,435</u>						
	attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34						
	/Timothy L. Boller/			January 21, 2009		
	Signature			Date		
	Timothy L. Boller			206-622-4900		
	Typed or printed name Telephone Number					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patients, PO Box 1450, Nacradia, VA 22313-1430.

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